

Print this form, fill out applicable sections, and bring with you when you drop off your vehicle.

Customer Diagnostic Evaluation Form

Car Information

YEAR: _____ MAKE: _____ MODEL: _____

Please check the boxes and describe engine drivability conditions that apply to your vehicle.

Symptom

- Hard starting (or not starting) but cranks properly
- Excessive cranking time before starting
- Starts normally but engine stalls or will not run
- Rough (unsteady) idle speed
- Idle speed is too high
- Engine hesitates or stalls on acceleration
- Engine stalls on deceleration or quick stop
- Engine pings or knocks
- Engine runs on after key is turned off
- Engine backfires (popping noise)
- Speed changes without touching accelerator
- Poor gas mileage (_____MPG)
- Other: _____

When Does Drivability Problem Occur?

Engine temperature gauge at:

- Cold Warm-up (fast idle)
- Normal Hot
- At all temperatures

Weather conditions:

- Hot days
- Cool or cold days
- Humid or rainy days
- Other: _____

How Often Does Problem Occur?

- Rarely Sometimes Always

Driving Conditions:

- Accelerating
 - Light Medium Hard
- Decelerating
- Cruising
- Braking
- Occurs at the vehicle speed of _____MPH
- Occurs at the engine speed of _____RPM

What Type of Fuel is Used?

- Regular Unleaded
- Premium unleaded Diesel

Brand of fuel used: _____

When Did Drivability Problem Start?

- Suddenly occurred
Mileage _____
- Gradually occurred
Mileage _____
- Just started
- Since car was new

Other Services Requested and Notes:

Name: _____

Address: _____

Phone: _____

Alt. Phone: _____

Email: _____